

Printed September 1, 2010 6:15 am Page 1 of 14

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|--|--|---|---|--|--|
| Status GRANTED | Type SUBSEQUENT WAIVER | Employing Agency VICTOR VALLEY UN | NION HIGH SCI | HOOL DISTRICT | Valid 07/01/2010 to 06/10/2011 |
| | SOBSEQUENT WAIVER | VICTOR VALLET OF | | | 07/01/2010 to 00/10/2011 |
| Subject(s) | Charles and Haaring | | Code Section(| | Language Pathology Services |
| Language | , Speech and Hearing | | 44265.3 | Credential | Language Pathology Services |
| 2 | Applicant Name: ANGELIN Credential Goal: SPEECH | | OGY SERVIC | ES CREDENTIAL | |
| Status | Туре | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WAIVER | LENNOX ELEMENT | ARY SCHOOL | DISTRICT | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | Code Section(| s) Waived | |
| | , Speech and Hearing | | 44265.3 | • | Language Pathology Services |
| 3 | Applicant Name: ARRUDA | | IO DEDMIT | | |
| | Credential Goal: 30-DAY S | OURSTITUTE TEACHIN | NG PERMIT | | |
| Status | Туре | Employing Agency | | | Valid |
| GRANTED | ADDED RESTRICTION | HANFORD JOINT U | NION HIGH SC | HOOL DISTRICT | 03/13/2001 to 06/30/2001 |
| Subject(s) | | | Code Section(| s) Waived | |
| N/A | | | 44252(b) | CBEST for a Credent | ial or Permit |
| 4 ************************************ | Applicant Name: BAILEY, Credential Goal: CROSSC | CULTURAL, LANGUAG | E AND ACADI | EMIC DEVELOPMENT C | |
| Status GRANTED | Type FIRST TIME WAIVER | Employing Agency GRANT JOINT UNIC | ON HIGH SCHO | OL DISTRICT | Valid 07/01/2006 to 06/30/2007 |
| | THOT TIME WAVER | OR WITH COUNT OF THE | | | 0770 172000 10 0070072007 |
| Subject(s) | | | Code Section(| • | ial ta Dravida Instruction to |
| N/A | | | 44253.3 | Limited English Profic | ial to Provide Instruction to cient (LEP) Students |
| 5 | Applicant Name: BINKLEY | | | | |
| | Credential Goal: SPEECH | -LANGUAGE PATHOL | OGY SERVIC | ES CREDENTIAL | |
| | | | | | |
| Status | Туре | Employing Agency | | | Valid |
| Status GRANTED | | Employing Agency NEVADA COUNTY | OFFICE OF ED | UCATION | Valid 07/01/2010 to 06/30/2011 |
| GRANTED | | | | | |
| GRANTED Subject(s) | | | OFFICE OF EDI Code Section(44265.3 | s) Waived | |
| GRANTED Subject(s) | SUBSEQUENT WAIVER | NEVADA COUNTY (| Code Section(44265.3 | s) Waived Program for Speech-l | 07/01/2010 to 06/30/2011 |
| GRANTED Subject(s) Language | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, | NEVADA COUNTY (| Code Section(44265.3 | s) Waived Program for Speech-l | 07/01/2010 to 06/30/2011 |
| GRANTED Subject(s) Language | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S | NEVADA COUNTY (HEATHER HANSEN BUBSTITUTE TEACHIN | Code Section(44265.3 NG PERMIT | s) Waived Program for Speech-l Credential | 07/01/2010 to 06/30/2011 Language Pathology Services |
| GRANTED Subject(s) Language Status GRANTED | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S | NEVADA COUNTY (HEATHER HANSEN SUBSTITUTE TEACHIN Employing Agency | Code Section(44265.3 NG PERMIT | s) Waived Program for Speech-l Credential | 07/01/2010 to 06/30/2011 Language Pathology Services Valid |
| GRANTED Subject(s) Language Status GRANTED Subject(s) | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S | NEVADA COUNTY (HEATHER HANSEN SUBSTITUTE TEACHIN Employing Agency | Code Section(44265.3 NG PERMIT DEFICE OF EDU Code Section(| s) Waived Program for Speech-l Credential JCATION s) Waived | 07/01/2010 to 06/30/2011 Language Pathology Services Valid 03/29/2010 to 03/28/2011 |
| GRANTED Subject(s) Language 6 Status GRANTED | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S | NEVADA COUNTY (HEATHER HANSEN SUBSTITUTE TEACHIN Employing Agency TULARE COUNTY (SA RENEE | Code Section(44265.3 NG PERMIT DEFICE OF EDU Code Section(44252(b) | s) Waived Program for Speech-I Credential JCATION s) Waived CBEST for a Credent | 07/01/2010 to 06/30/2011 Language Pathology Services Valid 03/29/2010 to 03/28/2011 |
| Subject(s) Language Status GRANTED Subject(s) N/A | SUBSEQUENT WAIVER , Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S Type FIRST TIME WAIVER Applicant Name: BOYD, LI Credential Goal: SPEECH | NEVADA COUNTY (HEATHER HANSEN SUBSTITUTE TEACHIN Employing Agency TULARE COUNTY (SA RENEE -LANGUAGE PATHOL | Code Section(44265.3 NG PERMIT DEFICE OF EDU Code Section(44252(b) | s) Waived Program for Speech-I Credential JCATION s) Waived CBEST for a Credent | 07/01/2010 to 06/30/2011 Language Pathology Services Valid 03/29/2010 to 03/28/2011 |
| GRANTED Subject(s) Language Status GRANTED Subject(s) N/A | SUBSEQUENT WAIVER SUBSEQUENT WAIVER Speech and Hearing Applicant Name: BOLING, Credential Goal: 30-DAY S Type FIRST TIME WAIVER Applicant Name: BOYD, LI Credential Goal: SPEECH Type | NEVADA COUNTY (HEATHER HANSEN SUBSTITUTE TEACHIN Employing Agency TULARE COUNTY (SA RENEE | Code Section(44265.3 NG PERMIT DEFICE OF EDU Code Section(44252(b) OGY SERVIC | s) Waived Program for Speech-I Credential JCATION s) Waived CBEST for a Credent ES CREDENTIAL | 07/01/2010 to 06/30/2011 Language Pathology Services Valid 03/29/2010 to 03/28/2011 ial or Permit |

44265.3

Credential



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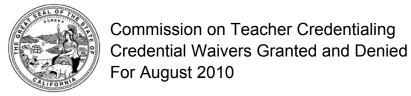
| 8 | Applicant Name: | | | | | |
|---|--|---|---|---|---|---|
| | Credential Goal: | CERTIFICAT | E OF COMPLETIO | N OF STAFF DI | EVELOPMENT | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WAI | | FAIRFIELD-SUISUN | UNIFIED SCHOO | OL DISTRICT | 01/04/2010 to 01/04/2011 |
| Subject(s) | | | | Code Section(s) | Waiyad | |
| N/A | | | | 44253.3 | Certificate or Credential to Prov | ide Instruction to |
| 14// | | | | 11200.0 | Limited English Proficient (LEP) | |
| • | A 11 (A) 5 | | NULA IEEEEDV | | , | |
| 9 | Applicant Name: E Credential Goal: E | | | EDUCTION ODE | DENTIAL | |
| | Credential Goal. | EDUCATION | SPECIALIST INST | IRUCTION CRE | DENTIAL | |
| Status GRANTED | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WAI | VER | YUBA COUNTY OF | FICE OF EDUCA | IION | 08/16/2010 to 08/01/2011 |
| Subject(s) | | | | Code Section(s) | | |
| N/A | | | | 44265 | Professional Preparation Progra | |
| | | | | | Credential in Special Education | Reading, etc. |
| 10 | Applicant Name: | BROWN, KEI | LLY ANN | | | |
| | Credential Goal: | SPEECH-LAN | NGUAGE PATHOL | OGY SERVICES | S CREDENTIAL | |
| Status | Type | | Employing Agency | | | Valid |
| GRANTED | <u>, , , , , , , , , , , , , , , , , , , </u> | | EASTERN SIERRA | UNIFIED | | 08/19/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waiyed | |
| | , Speech and Hearing | <u> </u> | | 44265.3 | Program for Speech-Language | Pathology Services |
| gg | , | 3 | | | Credential | |
| 11 | Applicant Name: (| CADTED DI | CHADD IAMES | | | |
| •• | Credential Goal: 3 | | | NG PERMIT | | |
| | Oredential Goal. | 00 0/11 000 | OTTIOTE TEXTORIII | 10 I LIXIVIII | | |
| | _ | | | | | |
| Status | Type | | Employing Agency | SCHOOL DISTR | ICT. | Valid |
| Status GRANTED | Type FIRST TIME WAI | | Employing Agency OAKLAND UNIFIED | SCHOOL DISTR | ICT | Valid 04/12/2010 to 04/12/2011 |
| GRANTED Subject(s) | | | | Code Section(s) | Waived | 04/12/2010 to 04/12/2011 |
| GRANTED | | | | | | 04/12/2010 to 04/12/2011 |
| GRANTED Subject(s) | | VER | OAKLAND UNIFIED | Code Section(s) | Waived | 04/12/2010 to 04/12/2011 |
| Subject(s) N/A | FIRST TIME WAI | VER CHAMBERS, | OAKLAND UNIFIED LAUREN ELISE | Code Section(s) 44252(b) | Waived | 04/12/2010 to 04/12/2011 |
| Subject(s) N/A | Applicant Name: (Credential Goal: 3 | VER CHAMBERS, | OAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN | Code Section(s) 44252(b) | Waived | 04/12/2010 to 04/12/2011 |
| Subject(s) N/A | FIRST TIME WAI | VER CHAMBERS, 30-DAY SUB | OAKLAND UNIFIED LAUREN ELISE | Code Section(s) 44252(b) NG PERMIT | Waived CBEST for a Credential or Perm | 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED | Applicant Name: (Credential Goal: 3 | VER CHAMBERS, 30-DAY SUB | OAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR | Waived CBEST for a Credential or Perm | 04/12/2010 to 04/12/2011 nit Valid |
| Subject(s) N/A 12 Status | Applicant Name: (Credential Goal: 3 | VER CHAMBERS, 30-DAY SUB | OAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency | Code Section(s) 44252(b) NG PERMIT | Waived CBEST for a Credential or Perm | 04/12/2010 to 04/12/2011 nit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI | VER CHAMBERS, 30-DAY SUB | OAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) | Waived CBEST for a Credential or Perm ICT Waived | 04/12/2010 to 04/12/2011 nit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI | CHAMBERS, 30-DAY SUB VER CHAMBERS, | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm | 04/12/2010 to 04/12/2011 nit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI | CHAMBERS, 30-DAY SUB VER CHAMBERS, | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI Applicant Name: 0 Credential Goal: 3 Type | CHAMBERS, 30-DAY SUB VER CHAMBERS, SPEECH-LAI | DAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid Valid |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI | CHAMBERS, 30-DAY SUB VER CHAMBERS, SPEECH-LAI | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI Applicant Name: 0 Credential Goal: 3 Type | CHAMBERS, 30-DAY SUB VER CHAMBERS, SPEECH-LAI | DAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid Valid |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) | Applicant Name: 0 Credential Goal: 3 Type FIRST TIME WAI Applicant Name: 0 Credential Goal: 3 Type | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI | DAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES OSTA UNIFIED SO | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT Waived Program for Speech-Language | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT W | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI | DAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES OSTA UNIFIED SO Code Section(s) | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT Waived | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT W , Speech and Hearing | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency WEST CONTRA CO | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES OSTA UNIFIED SO Code Section(s) | Waived CBEST for a Credential or Perm ICT Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT Waived Program for Speech-Language | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) Language | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT W | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI VAIVER 9 COLES, KAT | DAKLAND UNIFIED LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency WEST CONTRA CO | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES OSTA UNIFIED SO Code Section(s) 44265.3 | Waived CBEST for a Credential or Perm Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT Waived Program for Speech-Language Credential | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) Language | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI VAIVER G COLES, KAT SPEECH-LAI | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency WEST CONTRA CO HLEEN MARIE NGUAGE PATHOL | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES OSTA UNIFIED SO Code Section(s) 44265.3 | Waived CBEST for a Credential or Perm Waived CBEST for a Credential or Perm S CREDENTIAL CHOOL DISTRICT Waived Program for Speech-Language Credential | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 08/01/2010 to 08/01/2011 Pathology Services |
| Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) Language | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 Type Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 Type | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI VAIVER G COLES, KAT SPEECH-LAI | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency WEST CONTRA CO HLEEN MARIE NGUAGE PATHOL Employing Agency | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES Code Section(s) 44265.3 | Waived CBEST for a Credential or Perm CBEDENTIAL CHOOL DISTRICT Waived Program for Speech-Language Credential CCREDENTIAL | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 08/01/2010 to 08/01/2011 Pathology Services Valid |
| GRANTED Subject(s) N/A 12 Status GRANTED Subject(s) N/A 13 Status GRANTED Subject(s) Language | Applicant Name: (Credential Goal: 3 Type FIRST TIME WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 Type SUBSEQUENT WAI Applicant Name: (Credential Goal: 5 | CHAMBERS, 30-DAY SUB- VER CHAMBERS, SPEECH-LAI VAIVER G COLES, KAT SPEECH-LAI | LAUREN ELISE STITUTE TEACHIN Employing Agency OAKLAND UNIFIED MARIA NIMFA TU NGUAGE PATHOL Employing Agency WEST CONTRA CO HLEEN MARIE NGUAGE PATHOL | Code Section(s) 44252(b) NG PERMIT SCHOOL DISTR Code Section(s) 44252(b) JAZON OGY SERVICES Code Section(s) 44265.3 | Waived CBEST for a Credential or Perm CBEST for a Credential or Perm CBEST for a Credential or Perm CREDENTIAL CHOOL DISTRICT Waived Program for Speech-Language Credential CREDENTIAL CREDENTIAL | 04/12/2010 to 04/12/2011 Dit Valid 04/12/2010 to 04/12/2011 Dit Valid 08/01/2010 to 08/01/2011 Pathology Services |

44265.3

Credential

Program for Speech-Language Pathology Services

Language, Speech and Hearing



Status

GRANTED

Subject(s) N/A SUBSEQUENT WAIVER

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| | ALIFORN | | | | | | Page 3 of 14 |
|---|-------------------|-------------------------------------|----------------|----------------------------------|-------------------------|---|---------------------------------|
| 1 | 5 | Applicant Name: Credential Goal: | | ANNAN DELENE NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| | Status | Туре | | Employing Agency | | | Valid |
| | GRANTED | SUBSEQUENT | WAIVER | RIALTO UNIFIED SO | CHOOL DISTRICT | | 07/01/2010 to 06/30/2011 |
| | Subject(s) | | | | Code Section(s) | Waived | |
| | | Speech and Heari | ng | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | | | | | Credential | |
| 1 | 6 | Applicant Name: | DEL ROSAR | IO. MARICEL P. | | | |
| • | • | | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| | Status | Type | | Employing Agency | | | Valid |
| | GRANTED | SUBSEQUENT | WAIVER | MORGAN HILL UNIF | FIED SCHOOL DIS | STRICT | 07/01/2010 to 07/01/2011 |
| | Subject(s) | | | | Code Section(s) | Waiyed | |
| | | Speech and Heari | | | 44265.3 | Program for Speech-Language | Pathology Services |
| | gaa.go, | | .9 | | | Credential | canong, comoco |
| 1 | 7 | Applicant Name: | DIAZ MARY | C | | | |
| ' | • | • • | | O. I SPECIALIST INST | RUCTION CREI | DENTIAL | |
| | 04-4 | | | | | | Valid |
| | Status GRANTED | Type SUBSEQUENT | WAIVER | Employing Agency IMPERIAL COUNTY | OFFICE OF FDIA | CATION | 09/01/2010 to 09/01/2011 |
| | | OODOLQOLIVI | VV/ ((V L () | IWI LINAL GOONT | | | 0.70 1.720 10 10 0.70 1.720 1 1 |
| | Subject(s) | hand Chanial Edua | otion | | Code Section(s) | | em for a Chaniglist |
| | Early Child | hood Special Educ | alion | | 44265 | Professional Preparation Progra Credential in Special Education, | |
| 1 | 8 | Applicant Name: | DOMENZIAN | I, LAURA CHRISTII | AV | | |
| | | Credential Goal: | EDUCATION | I SPECIALIST INST | RUCTION CREI | DENTIAL | |
| | Status | Туре | | Employing Agency | | | Valid |
| | GRANTED | SUBSEQUENT | WAIVER | IMPERIAL COUNTY | OFFICE OF EDU | CATION | 09/01/2010 to 09/01/2011 |
| | Subject(s) | | | | Code Section(s) | Waived | |
| | Early Child | hood Special Educ | ation | | 44265 | Professional Preparation Progra | |
| | | | | | | Credential in Special Education, | Reading, etc. |
| 1 | 9 | Applicant Name: | DOMINGUEZ | Z, WENDY | | | |
| | | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| | Status | Type | | Employing Agency | | | Valid |
| | GRANTED | SUBSEQUENT | WAIVER | LENNOX ELEMENTA | ARY SCHOOL DIS | STRICT | 07/01/2010 to 07/01/2011 |
| | Subject(s) | | | | Code Section(s) | Waived | |
| | | Speech and Hearing | ng | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | • | ū | | | Credential | G, |
| 2 | 20 | Applicant Name: | DUCAR, CIN | IDY | | | |
| _ | | | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| | Status | Туре | | Employing Agency | | | Valid |
| | GRANTED | SUBSEQUENT | WAIVER | Employing Agency LENNOX ELEMENTA | ARY SCHOOL DIS | STRICT | 07/01/2010 to 06/30/2011 |
| | Cubicat/a\ | | | | | | |
| | Subject(s) | Speech and Heari | าต | | Code Section(s) 44265.3 | waived Program for Speech-Language | Pathology Services |
| | Language, | opecon and ricani | שי | | 77200.0 | Credential | attiology out vides |
| • | .4 | Applicant Name | DUNINUMO O | VNITUIA KAV | | | |
| 2 | i I | Applicant Name: | | YNTHIA KAY E OF COMPLETIO | N OF STAFE DE | EVELOPMENT | |
| | 01-1 | T | JERTH IOAT | Essilvi 1 | IT OF GIALL DE | TATEOL MICH. | Volid |
| | | | | | | | |

Employing Agency

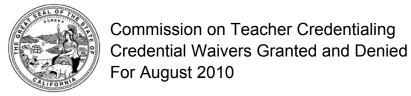
SACRAMENTO COUNTY OFFICE OF EDUCATION

Code Section(s) Waived

44253.3 Certificate or Credential to Provide Instruction to Limited English Proficient (LEP) Students

Valid

07/01/2010 to 06/30/2011



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| | | | | | | Page 4 of 14 |
|---|---|--|---|---|--|--|
| 22 | Applicant Name: Credential Goal: | | IARON P. I SPECIALIST INST | RUCTION CREI | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | LOS ANGELES UNI | FIED SCHOOL DIS | STRICT | 07/01/2010 to 07/01/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Early Child | hood Special Educ | cation | | 44265 | Professional Preparation Progr Credential in Special Education | |
| 23 | | | MARY BERNADETT I SPECIALIST INST | | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LOS ANGELES UNI | FIED SCHOOL DIS | STRICT | 07/01/2010 to 07/01/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Early Child | hood Special Educ | cation | _ | 44265 | Professional Preparation Progr Credential in Special Education | • |
| 24 | Applicant Name: | FALCO, MIA | | | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Type | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | OAKLEY UNION ELI | EMENTARY SCHO | OOL DISTRICT | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | Speech and Heari | na | | 44265.3 | Program for Speech-Language | Pathology Services |
| , | | 9 | | | Credential | . dancing, co. moss |
| 25 | Applicant Name: Credential Goal: | | FELIA ADRIANA NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LOS ANGELES COL | JNTY OFFICE OF | EDUCATION | 10/30/2010 to 10/30/2011 |
| | | | | | | 10/00/2010 to 10/00/2011 |
| Subject(s) | | | | Code Section(s) | | 10/00/2010 to 10/00/2011 |
| Subject(s) Language, | Speech and Heari | ng | | Code Section(s) 9 44265.3 | | |
| Language, | | | | | Waived Program for Speech-Language | |
| | Applicant Name: | GALVAN, MI | | 44265.3 | Waived Program for Speech-Language Credential | |
| Language, | Applicant Name: Credential Goal: | GALVAN, MI | CHAEL DAX HYSICAL EDUCAT | 44265.3 | Waived Program for Speech-Language Credential | Pathology Services |
| Language, | Applicant Name: Credential Goal: Type | GALVAN, MI ADAPTED P | CHAEL DAX HYSICAL EDUCAT Employing Agency | 44265.3 | Naived Program for Speech-Language Credential CREDENTIAL | Pathology Services Valid |
| Language, 26 Status GRANTED | Applicant Name: Credential Goal: | GALVAN, MI ADAPTED P | CHAEL DAX HYSICAL EDUCAT | 44265.3 ION SPECIALIS EMENTARY SCHO | Waived Program for Speech-Language Credential CREDENTIAL DOL DISTRICT | Pathology Services |
| Language, 26 Status GRANTED Subject(s) | Applicant Name: Credential Goal: Type | GALVAN, MI ADAPTED P | CHAEL DAX HYSICAL EDUCAT Employing Agency | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) | Waived Program for Speech-Language Credential CREDENTIAL DOL DISTRICT Waived | Valid 09/01/2010 to 09/01/2011 |
| Language, 26 Status GRANTED | Applicant Name: Credential Goal: Type SUBSEQUENT | GALVAN, MI ADAPTED P WAIVER | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL | 44265.3 ION SPECIALIS EMENTARY SCHO | Waived Program for Speech-Language Credential CREDENTIAL DOL DISTRICT | Valid 09/01/2010 to 09/01/2011 |
| Language, 26 Status GRANTED Subject(s) | Applicant Name: Credential Goal: Type SUBSEQUENT Applicant Name: | GALVAN, MI ADAPTED P WAIVER | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) 1 80046.1 | Program for Speech-Language Credential T CREDENTIAL DOL DISTRICT Maived Professional Preparation Progr Physical Education Credential | Valid 09/01/2010 to 09/01/2011 |
| Language, 26 Status GRANTED Subject(s) N/A 27 Status | Applicant Name: Credential Goal: Type SUBSEQUENT Applicant Name: | GALVAN, MI ADAPTED P WAIVER | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL EBECCA MARIE NGUAGE PATHOL Employing Agency | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) 1 80046.1 OGY SERVICES | Program for Speech-Language Credential CREDENTIAL DOL DISTRICT Maived Professional Preparation Progr Physical Education Credential CREDENTIAL | Valid 09/01/2010 to 09/01/2011 ram for an Adapted Valid |
| Language, 26 Status GRANTED Subject(s) N/A | Applicant Name: Credential Goal: Type SUBSEQUENT Applicant Name: Credential Goal: | GALVAN, MI ADAPTED P WAIVER GALVEZ, RE SPEECH-LA | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL EBECCA MARIE NGUAGE PATHOL | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) 1 80046.1 OGY SERVICES | Program for Speech-Language Credential CREDENTIAL DOL DISTRICT Maived Professional Preparation Progr Physical Education Credential CREDENTIAL | Valid 09/01/2010 to 09/01/2011 ram for an Adapted |
| Language, 26 Status GRANTED Subject(s) N/A 27 Status | Applicant Name: Credential Goal: Type SUBSEQUENT Applicant Name: Credential Goal: Type | GALVAN, MI ADAPTED P WAIVER GALVEZ, RE SPEECH-LA | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL EBECCA MARIE NGUAGE PATHOL Employing Agency | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) 1 80046.1 OGY SERVICES CHOOL DISTRICT | Program for Speech-Language Credential T CREDENTIAL DOL DISTRICT Waived Professional Preparation Progr Physical Education Credential CREDENTIAL | Valid 09/01/2010 to 09/01/2011 ram for an Adapted Valid |
| Language, 26 Status GRANTED Subject(s) N/A 27 Status GRANTED Subject(s) | Applicant Name: Credential Goal: Type SUBSEQUENT Applicant Name: Credential Goal: Type | GALVAN, MI ADAPTED P WAIVER GALVEZ, RE SPEECH-LA | CHAEL DAX HYSICAL EDUCAT Employing Agency GOLETA UNION EL EBECCA MARIE NGUAGE PATHOL Employing Agency | 44265.3 ION SPECIALIS EMENTARY SCHO Code Section(s) 1 80046.1 OGY SERVICES | Program for Speech-Language Credential T CREDENTIAL DOL DISTRICT Waived Professional Preparation Progr Physical Education Credential CREDENTIAL | Valid 09/01/2010 to 09/01/2011 ram for an Adapted Valid 07/01/2010 to 06/30/2011 |

Subject(s)Code Section(s) WaivedN/A44253.3Certificate or Company

Employing Agency

SWEETWATER UNION HIGH SCHOOL DISTRICT

Status

GRANTED

FIRST TIME WAIVER

Certificate or Credential to Provide Instruction to Limited English Proficient (LEP) Students

Valid

07/01/2010 to 06/30/2011

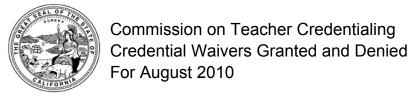


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| 29 | Applicant Name: | GARCIA, RIC | GOBERTO | | | |
|-------------------|---------------------|-------------|-----------------------------------|--------------------------|--|---------------------------------------|
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Type | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | ROWLAND UNIFIED | SCHOOL DISTR | ICT | 09/01/2010 to 09/01/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | Speech and Heari | na | | 44265.3 | Program for Speech-Language | Pathology Services |
| | • | | | | Credential | <u> </u> |
| 30 | Applicant Name: | GATEWARD | , DEJA ANNE | | | |
| | Credential Goal: | EDUCATION | I SPECIALIST INST | RUCTION CREI | DENTIAL | |
| Status | Type | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WA | AIVER | OPTIMIST HIGH SC | HOOL | | 05/04/2010 to 05/04/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | rate Disabilities | | | 44252(b) | CBEST for a Credential or Pern | nit |
| Moderate/S | Severe Disabilities | | | 80021.1 | Requirements for the Initial Issu | |
| | | | | | Internship Permit | |
| 31 | Applicant Name: | GORDON, LA | AURIE KATHRYN | | | |
| . | | | STITUTE TEACHIN | NG PERMIT | | |
| Status | Tuno | | Employing Agency | | | Valid |
| Status GRANTED | Type FIRST TIME WA | AIVER | Employing Agency SAINT HELENA UNI | IFIED SCHOOL DI | STRICT | 02/09/2010 to 02/10/2011 |
| GRANTED | FIRST TIME WA | | NAPA VALLEY UNIF | | | 02/09/2010 to 02/10/2011 |
| GRANTED | FIRST TIME WA | | CALISTOGA JOINT | | | 02/09/2010 to 02/10/2011 |
| Cubic et/a) | | | | Code Section(s) | Maired | |
| Subject(s) N/A | | | | Code Section(s) 44252(b) | Walved CBEST for a Credential or Pern | nit |
| 11// | | | | 44232(0) | CDEST for a Credential of Fern | · · · · · · · · · · · · · · · · · · · |
| 32 | Applicant Name: | | | | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | ROWLAND UNIFIED | SCHOOL DISTR | ICT | 09/01/2010 to 09/01/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Language, | Speech and Heari | ng | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | | | | Credential | |
| 33 | Applicant Name: | HARPER, JC | OHN CLIFFORD | | | |
| | • • | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Tuno | | Employing Agency | | | Valid |
| Status GRANTED | Type SUBSEQUENT | WAIVER | WESTSIDE UNION I | FI EMENTARY SC | CHOOL DISTRICT | 07/01/2010 to 07/01/2011 |
| | 00000000000 | | WESTOIDE STRICK | | | 0.70 .720 .0 .0 0.70 .720 |
| Subject(s) | Connect and Heari | | | Code Section(s) | | Dethalamy Caminas |
| Language, | Speech and Heari | ng | | 44265.3 | Program for Speech-Language Credential | Pathology Services |
| 34 | Applicant Name: | HARPS, PRI | SCILLA ANN | | | |
| | • • | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | RIALTO UNIFIED SO | CHOOL DISTRICT | | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | | |
| Subject(s) | | | | Code Section(S) | vva: vcu | |

44265.3

Credential



GRANTED

Subject(s)

Language, Speech and Hearing

SUBSEQUENT WAIVER

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09/01/2010 to 09/01/2011

Program for Speech-Language Pathology Services

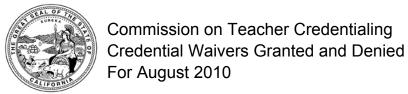
| ALIFORN | | | | | | Fage 0 01 14 |
|-------------------|--------------------|-------------|---------------------------------|-----------------------|--|-----------------------------------|
| | | LIADD WEN | DV 51 17 A D 57 1 | | | |
| 35 | Applicant Name: | | DY ELIZABETH NGUAGE PATHOLO | OGV SERVICES | CREDENTIAL | |
| | | OI ELOII-EA | | OOT GERVIOLE | ONEDENTIAL | |
| Status GRANTED | Type FIRST TIME WA | AIVED | Employing Agency SAN BERNARDINO | COLINITY OFFICE | COE EDUCATION | Valid 07/01/2010 to 06/30/2011 |
| | FIRST TIME W | AIVER | SAN BERNARDINO | | | 07/01/2010 to 00/30/2011 |
| Subject(s) | 0 | | | Code Section(s) | | Detheless Consises |
| Language, | , Speech and Heari | ng | | 44265.3 | Program for Speech-Language Credential | Pathology Services |
| 36 | Applicant Name: | HARWOOD, | JESSICA L. | | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | TOTAL EDUCATION | SOLUTIONS | | 04/21/2010 to 04/21/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | , Speech and Heari | ng | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | | | | Credential | |
| 37 | Applicant Name: | HERNANDE | Z, ELSA | | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | | WAIVER | ANAHEIM CITY SCH | HOOL DISTRICT | | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | , Speech and Heari | ng | | 44265.3 | Program for Speech-Language | Pathology Services |
| | • | J | | | Credential | 0, |
| 38 | Applicant Name: | HOLMES-WA | ARD, JANICE L. | | | |
| | | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | ANAHEIM CITY SCH | HOOL DISTRICT | | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waiyed | |
| | , Speech and Heari | na | | 44265.3 | Program for Speech-Language | Pathology Services |
| 0 0 7 | • | J | | | Credential | 37 |
| 39 | Applicant Name: | KOEHLER, S | STEVE HOWARD | | | |
| | | | BJECT TEACHING | CREDENTIAL | | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | BERRYESSA UNION | N SCHOOL DISTR | RICT | 05/05/2010 to 06/10/2010 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Mathemati | cs | | | 80021.1 | Requirements for the Initial Issu | ance of a Provisional |
| | | | | | Internship Permit | |
| 40 | Applicant Name: | KUNANIFC. | FRANCES DEAN | | | |
| | • • | | IBRARIAN SERVIC | ES CREDENTIA | L | |
| Status | | | | | | Valid |
| Status GRANTED | Type SUBSEQUENT | WAIVER | Employing Agency WEST CONTRA CO | STA UNIFIED SC | HOOL DISTRICT | 09/01/2010 to 09/01/2011 |
| | 23202402.11 | | | | | |
| Subject(s) N/A | | | | Code Section(s) 44269 | Waived Professional Preparation Progra | om for a Library Media |
| IN/A | | | | T74U3 | Teacher Services Credential | iiii ioi a Libiaiy Media |
| 41 | Applicant Name: | LARSON .IF | SSICA I | | | |
| | • • | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | | | Employing Agency | | | Valid |
| Otatus | Туре | | Employing Agency | | | 7 4114 |

LOS ANGELES COUNTY OFFICE OF EDUCATION

44265.3

Code Section(s) Waived

Credential



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Valid

07/01/2010 to 07/01/2011

Applicant Name: LEONHARDT, KRISTEN JOY 42 Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL Valid **Status Employing Agency GRANTED** SUBSEQUENT WAIVER MOUNTAIN EMPIRE UNIFIED SCHOOL DISTRICT 08/23/2010 to 07/31/2011 Subject(s) Code Section(s) Waived Language, Speech and Hearing Program for Speech-Language Pathology Services 44265.3 Credential 43 Applicant Name: LIGENZA, KACY MICHELLE Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL **Employing Agency GRANTED** SUBSEQUENT WAIVER ANAHEIM CITY SCHOOL DISTRICT 07/01/2010 to 08/01/2011 Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services Credential 44 Applicant Name: LIMBENGCO, MARY JOY M. Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL Valid Status **Employing Agency GRANTED** SUBSEQUENT WAIVER 08/01/2010 to 08/01/2011 KERN COUNTY OFFICE OF EDUCATION Code Section(s) Waived Subject(s) Early Childhood Special Education 44265 Professional Preparation Program for a Specialist Credential in Special Education, Reading, etc. 45 Applicant Name: LINDER, JULIE ANN Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL Status **Employing Agency GRANTED** SUBSEQUENT WAIVER OAKLEY UNION ELEMENTARY SCHOOL DISTRICT 07/01/2010 to 06/30/2011 Subject(s) Code Section(s) Waived Early Childhood Special Education Professional Preparation Program for a Specialist 44265 Credential in Special Education, Reading, etc. 46 Applicant Name: LITTLE, JENNIFER A. Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL **Status Employing Agency GRANTED** OAKDALE JOINT UNIFIED SCHOOL DISTRICT 07/01/2010 to 06/30/2011 SUBSEQUENT WAIVER Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services Credential 47 Applicant Name: LYNAH, SUZANNE HESSION Credential Goal: PUPIL PERSONNEL SERVICES CREDENTIAL **Status Employing Agency** GRANTED FIRST TIME WAIVER 08/19/2010 to 06/17/2011 CALIFORNIA SCHOOL FOR THE DEAF IN RIVERSIDE Subject(s) Code Section(s) Waived Professional Preparation Program for a Pupil School Counseling 44266 Personnel Services Credential 48 Applicant Name: MAC GUIRE, SALLY JEAN Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL

Subject(s)Code Section(s) WaivedEarly Childhood Special Education44265Professional Preparation Program for a SpecialistModerate/Severe DisabilitiesCredential in Special Education, Reading, etc.

KERN COUNTY OFFICE OF EDUCATION

Employing Agency

Status

GRANTED

FIRST TIME WAIVER



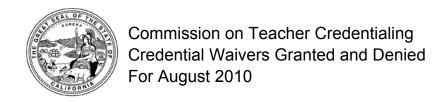
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| 49 | | | | | | |
|--|---|---|---|---|--|---|
| | Applicant Name: | | | | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Type | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LENNOX ELEMENT | ARY SCHOOL DIS | STRICT | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Naived | |
| | Speech and Heari | na | | 44265.3 | Program for Speech-Language F | Pathology Services |
| Language, | opecon and rican | ''9 | | 44200.0 | Credential | atticlegy dervices |
| | | | | | | |
| 50 | Applicant Name: | | | FRUCTION ORF | SENTIAL | |
| | Credential Goal: | EDUCATION | I SPECIALIST INST | IRUCTION CREL | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WA | AIVER | IMPERIAL COUNTY | OFFICE OF EDU | CATION | 08/16/2010 to 09/01/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Early Child | lhood Special Educ | ation | | 44265 | Professional Preparation Progra | m for a Specialist |
| | | | | | Credential in Special Education, | Reading, etc. |
| 51 | Applicant Name: | MC LEISH, J | AYMF I YNN | | | |
| O. | • • | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| 0 | | | | | 21.22.2111.2 | M-P-I |
| Status GRANTED | Type SUBSEQUENT | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Employing Agency | INITY OFFICE OF | EDI ICATION | Valid 09/01/2010 to 09/01/2011 |
| GRANTED | SUBSEQUENT | WAIVER | LOS ANGELES COL | UNIT OFFICE OF | EDUCATION | 09/01/2010 to 09/01/2011 |
| Subject(s) | | | | Code Section(s) | | |
| Language, | Speech and Heari | ng | | 44265.3 | Program for Speech-Language F | Pathology Services |
| | | | | | Credential | |
| | | | | | | |
| 52 | Applicant Name: | MEDINA, ER | NESTO ROMAN | | | |
| 52 | | | NESTO ROMAN HYSICAL EDUCAT | ION SPECIALIS | T CREDENTIAL | |
| | Credential Goal: | | HYSICAL EDUCAT | TION SPECIALIST | T CREDENTIAL | Valid |
| Status GRANTED | Credential Goal: | ADAPTED P | HYSICAL EDUCAT Employing Agency | | | Valid 07/01/2010 to 07/01/2011 |
| Status GRANTED | Credential Goal: | ADAPTED P | HYSICAL EDUCAT | FIED SCHOOL DIS | STRICT | |
| Status GRANTED Subject(s) | Credential Goal: | ADAPTED P | HYSICAL EDUCAT Employing Agency | FIED SCHOOL DIS | STRICT Waived | 07/01/2010 to 07/01/2011 |
| Status GRANTED | Credential Goal: | ADAPTED P | HYSICAL EDUCAT Employing Agency | FIED SCHOOL DIS | STRICT Waived Professional Preparation Progra | 07/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A | Type FIRST TIME WA | ADAPTED P | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII | FIED SCHOOL DIS Code Section(s) 1 80046.1 | STRICT Waived | 07/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) | Type FIRST TIME WA | ADAPTED PAIVER | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII | FIED SCHOOL DIS Code Section(s) V 80046.1 | STRICT Maived Professional Preparation Progra Physical Education Credential | 07/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A | Type FIRST TIME WA | ADAPTED PAIVER | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII | FIED SCHOOL DIS Code Section(s) V 80046.1 | STRICT Maived Professional Preparation Progra Physical Education Credential | 07/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A 53 Status | Type FIRST TIME WA Applicant Name: Credential Goal: Type | ADAPTED P AIVER MEJIA RAMI SPEECH-LA | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency | FIED SCHOOL DIS Code Section(s) V 80046.1 Y OGY SERVICES | STRICT Maived Professional Preparation Progra Physical Education Credential CREDENTIAL | 07/01/2010 to 07/01/2011 m for an Adapted Valid |
| Status GRANTED Subject(s) N/A | Type FIRST TIME WA Applicant Name: Credential Goal: | ADAPTED P AIVER MEJIA RAMI SPEECH-LA | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL | FIED SCHOOL DIS Code Section(s) V 80046.1 Y OGY SERVICES | STRICT Maived Professional Preparation Progra Physical Education Credential CREDENTIAL | 07/01/2010 to 07/01/2011 m for an Adapted |
| Status GRANTED Subject(s) N/A 53 Status | Type FIRST TIME WA Applicant Name: Credential Goal: Type | ADAPTED P AIVER MEJIA RAMI SPEECH-LA | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency | FIED SCHOOL DIS Code Section(s) V 80046.1 Y OGY SERVICES | STRICT Waived Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION | 07/01/2010 to 07/01/2011 m for an Adapted Valid |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) | Type FIRST TIME WA Applicant Name: Credential Goal: Type | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency | FIED SCHOOL DIS Code Section(s) V 80046.1 Y OGY SERVICES UNTY OFFICE OF | STRICT Waived Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION | Valid 09/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) | Credential Goal: Type FIRST TIME WA Applicant Name: Credential Goal: Type SUBSEQUENT | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency | FIED SCHOOL DIS Code Section(s) 1 80046.1 Y OGY SERVICES UNTY OFFICE OF Code Section(s) 1 | STRICT Waived Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION Waived | Valid 09/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) Language, | Type FIRST TIME WA Applicant Name: Credential Goal: Type SUBSEQUENT Speech and Heari | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER | HYSICAL EDUCAT Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency LOS ANGELES COL | FIED SCHOOL DIS Code Section(s) 1 80046.1 Y OGY SERVICES UNTY OFFICE OF Code Section(s) 1 | STRICT Waived Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION Waived Program for Speech-Language F | Valid 09/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) | Type FIRST TIME WARNE: Applicant Name: Credential Goal: Type SUBSEQUENT Speech and Heari | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER mg MEJIA, JENN | Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency LOS ANGELES COU | FIED SCHOOL DIS Code Section(s) V 80046.1 AY OGY SERVICES UNTY OFFICE OF Code Section(s) V 44265.3 | Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION Waived Program for Speech-Language F Credential | Valid 09/01/2010 to 07/01/2011 |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) Language, | Type FIRST TIME WARNE: Applicant Name: Credential Goal: Type SUBSEQUENT Speech and Heari Applicant Name: Credential Goal: | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER mg MEJIA, JENN | Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency LOS ANGELES COU | FIED SCHOOL DIS Code Section(s) V 80046.1 AY OGY SERVICES UNTY OFFICE OF Code Section(s) V 44265.3 | Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION Waived Program for Speech-Language F Credential | 07/01/2010 to 07/01/2011 m for an Adapted Valid 09/01/2010 to 09/01/2011 Pathology Services |
| Status GRANTED Subject(s) N/A 53 Status GRANTED Subject(s) Language, | Type FIRST TIME WARNE: Applicant Name: Credential Goal: Type SUBSEQUENT Speech and Heari | ADAPTED P AIVER MEJIA RAMI SPEECH-LA WAIVER MEJIA, JENI SPEECH-LA | Employing Agency LOS ANGELES UNII REZ, KEYLA ZULA NGUAGE PATHOL Employing Agency LOS ANGELES COU | FIED SCHOOL DIS Code Section(s) V 80046.1 AY OGY SERVICES UNTY OFFICE OF Code Section(s) V 44265.3 OGY SERVICES | Professional Preparation Progra Physical Education Credential CREDENTIAL EDUCATION Maived Program for Speech-Language F Credential CREDENTIAL | 07/01/2010 to 07/01/2011 m for an Adapted Valid 09/01/2010 to 09/01/2011 |

Code Section(s) Waived

Credential

44265.3



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Applicant Name: MORRISON, JASMYNE TUY TRAN 55

Credential Goal: FULL TIME DESIGNATED SUBJECTS CAREER TECHNICAL EDUCATION TEACHING

CREDENTIAL

Employing Agency Status **GRANTED** FIRST TIME WAIVER RIVERSIDE COUNTY OFFICE OF EDUCATION 04/01/2010 to 06/30/2010 Subject(s) Code Section(s) Waived Marketing, Sales, and Service 44260(a) Experience Requirement for the Designated Subjects

Vocational Education Teaching Credential

56 Applicant Name: MOYE, MARIA T

Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL

Status **Employing Agency** GRANTED 08/30/2010 to 08/30/2011 SUBSEQUENT WAIVER EL MONTE CITY SCHOOL DISTRICT Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services

57 Applicant Name: MURROW, MARSHALL ROBERT

Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL

Valid **Status Employing Agency GRANTED** FIRST TIME WAIVER 08/09/2010 to 08/09/2011 ROMOLAND ELEMENTARY SCHOOL DISTRICT Subject(s) Code Section(s) Waived

Language, Speech and Hearing 44265.3

Program for Speech-Language Pathology Services

Credential

Credential

58 Applicant Name: NELSON, YVETTE BRIDGETTE

Credential Goal: CERTIFICATE OF COMPLETION OF STAFF DEVELOPMENT

Status **Employing Agency** GRANTED FIRST TIME WAIVER SWEETWATER UNION HIGH SCHOOL DISTRICT 07/01/2010 to 06/30/2011

Subject(s) Code Section(s) Waived

N/A 44253.3 Certificate or Credential to Provide Instruction to

Limited English Proficient (LEP) Students

59 Applicant Name: NGUYEN, SY PHU

Credential Goal: DESIGNATED SUBJECTS SPECIAL SUBJECTS TEACHING CREDENTIAL

Status Employing Agency Valid GRANTED 09/07/2010 to 06/17/2011 SUBSEQUENT WAIVER LONG BEACH UNIFIED SCHOOL DISTRICT Subject(s) Code Section(s) Waived

Driver Education and Driver Training Course Work Requirements for a Designated 44260.4

Subjects Credential in Driver's Education and Training

60 Applicant Name: NORTON, JULIE

Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL

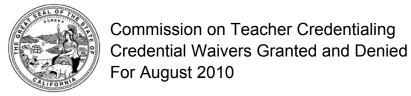
Employing Agency Type **GRANTED** SUBSEQUENT WAIVER SANTA ANA UNIFIED SCHOOL DISTRICT 09/01/2010 to 09/01/2011

Code Section(s) Waived Subject(s)

CBEST for a Credential or Permit Language, Speech and Hearing 44252(b)

> 44265.3 Program for Speech-Language Pathology Services

> > Credential



GRANTED

Subject(s) N/A FIRST TIME WAIVER

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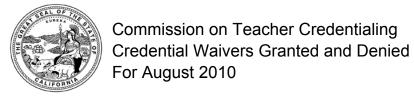
| CALIFORN | 1 0.7 .a.g | do: 20 . 0 | | | | Page 10 of 14 |
|---------------------------------|-------------------------------------|------------|--|------------------------------|--|---|
| 61 | Applicant Name: Credential Goal: | | NNE NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status GRANTED | Type SUBSEQUENT | WAIVER | Employing Agency LONG BEACH UNIF | IED SCHOOL DIS | TRICT | Valid 04/01/2010 to 04/01/2011 |
| Subject(s) Language, | Speech and Heari | ng | | Code Section(s) 9 44265.3 | Waived Program for Speech-Language Credential | Pathology Services |
| 62 | Applicant Name: Credential Goal: | | IDRE RENEA NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status GRANTED | Type SUBSEQUENT | WAIVER | Employing Agency EXETER UNION ELI | EMENTARY SCHO | OOL DISTRICT | Valid 07/01/2010 to 06/30/2011 |
| Subject(s) Language, | Speech and Heari | ng | | Code Section(s) 44265.3 | Waived Program for Speech-Language Credential | Pathology Services |
| 63 | Applicant Name: Credential Goal: | | MI I SPECIALIST INST | RUCTION CREI | DENTIAL | |
| Status GRANTED GRANTED | Type FIRST TIME WASUBSEQUENT | | Employing Agency LOS ANGELES UNII LOS ANGELES UNII | | | Valid 05/11/2009 to 06/01/2010 06/01/2010 to 06/01/2011 |
| Subject(s) Early Child | lhood Special Educ | ation | | Code Section(s) 44265 | Waived Professional Preparation Progra Credential in Special Education, | |
| 64 | | | H, SETH PATRICK HYSICAL EDUCAT | | Γ CREDENTIAL | |
| Status GRANTED | Type FIRST TIME WA | AIVER | Employing Agency LOS ANGELES UNII | FIED SCHOOL DIS | STRICT | Valid 07/01/2010 to 07/01/2011 |
| Subject(s) N/A | | | | Code Section(s) 9 80046.1 | Waived Professional Preparation Progra Physical Education Credential | m for an Adapted |
| 65 | Applicant Name: Credential Goal: | | NETTE M NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status GRANTED Subject(s) | Type SUBSEQUENT | WAIVER | Employing Agency ROWLAND UNIFIED | SCHOOL DISTR | | Valid 08/01/2010 to 08/01/2011 |
| Language, | Speech and Heari Applicant Name: | | ANYA KRISTINE | 44268 | Program for Clinical Rehabilitati | ve |
| Status | | | E OF COMPLETIO | N OF STAFF DE | VELOPMENT | Valid |
| GRANTED Subject(s) | FIRST TIME WA | AIVER | SWEETWATER UNI | ON HIGH SCHOO | | 07/01/2010 to 06/30/2011 |
| N/A | | | | 44253.3 | Certificate or Credential to Provi Limited English Proficient (LEP) | |
| 67 | Applicant Name: Credential Goal: | | LIPP MENDOZA E OF COMPLETIO | N OF STAFF DE | VELOPMENT | |
| Status | Type | | Employing Agency | | L DIOTRICT | Valid |

SWEETWATER UNION HIGH SCHOOL DISTRICT

Code Section(s) Waived

44253.3 Certificate or Credential to Provide Instruction to Limited English Proficient (LEP) Students

07/01/2010 to 06/30/2011



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Valid

08/01/2010 to 07/31/2011

| CALIFORN | I OI Aug | Just 2010 | | | | Page 11 of 14 |
|------------|-------------------------------------|-----------|-------------------------------------|-----------------|--|--------------------------|
| 68 | Applicant Name: Credential Goal: | | SSICA LAUREN NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | EL RANCHO UNIFIE | ED SCHOOL DIST | RICT | 08/17/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | Speech and Hear | ing | | 44265.3 | Program for Speech-Language Credential | Pathology Services |
| 69 | | | ADAM ALEXANDER N SPECIALIST INST | | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | SAN BERNARDINO | COUNTY OFFICE | OF EDUCATION | 06/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | Hard-of-Hearing | | | 80021.1 | Requirements for the Initial Issu Internship Permit | uance of a Provisional |
| 70 | Applicant Name: Credential Goal: | | RINA L. NGUAGE PATHOL | OGY SERVICES | S CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LOS ANGELES COL | JNTY OFFICE OF | EDUCATION | 12/23/2010 to 12/23/2011 |
| Subject(s) | | | | Code Section(s) | Waiyad | |
| | Speech and Hear | ing | | 44265.3 | Program for Speech-Language Credential | Pathology Services |
| 71 | Applicant Name: Credential Goal: | | BRIEL MATTHEW TE OF COMPLETIO | N OF STAFF DE | EVELOPMENT | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | SACRAMENTO COL | JNTY OFFICE OF | EDUCATION | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| N/A | | | | 44253.3 | Certificate or Credential to Prov Limited English Proficient (LEP | |
| 72 | Applicant Name: Credential Goal: | | AREN KAY NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | RIALTO UNIFIED SO | CHOOL DISTRICT | | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | Speech and Hear | ing | | 44265.3 | Program for Speech-Language Credential | Pathology Services |
| 73 | Applicant Name: Credential Goal: | | LILIANA N SPECIALIST INST | RUCTION CREI | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LOS ANGELES UNI | FIED SCHOOL DI | STRICT | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | lhood Special Educ | cation | | 44265 | Professional Preparation Progra Credential in Special Education | |
| 74 | Applicant Name: Credential Goal: | | KAREN JUSTINE NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| . | _ | | | | | |

Subject(s)Code Section(s) WaivedLanguage, Speech and Hearing44253.3Certificate or Credential to Provide Instruction to
Limited English Proficient (LEP) Students

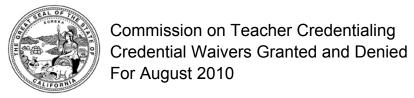
CUCAMONGA ELEMENTARY SCHOOL DISTRICT

Employing Agency

Status

GRANTED

SUBSEQUENT WAIVER



GRANTED

FIRST TIME WAIVER

Early Childhood Special Education

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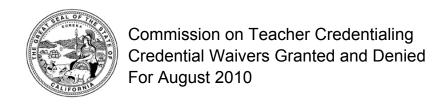
07/01/2010 to 07/01/2011

75 Applicant Name: SEGAR, CAROL J Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL Valid **Status Employing Agency GRANTED** SUBSEQUENT WAIVER ANAHEIM CITY SCHOOL DISTRICT 07/01/2010 to 06/30/2011 Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services Credential 76 Applicant Name: SINGER, LARRY WILLIAM Credential Goal: 30-DAY SUBSTITUTE TEACHING PERMIT **Employing Agency GRANTED** ADDED RESTRICTION **CALISTOGA JOINT UNIFIED** 04/28/2010 to 04/28/2011 Code Section(s) Waived Subject(s) N/A 44252(b) **CBEST for a Credential or Permit** 77 Applicant Name: SMALL, REBEKAH ANN Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL **Employing Agency GRANTED** SUBSEQUENT WAIVER RIALTO UNIFIED SCHOOL DISTRICT 07/01/2010 to 06/30/2011 Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services Credential 78 Applicant Name: SMITH, AMY NOEL Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL Valid **Status Employing Agency GRANTED** FIRST TIME WAIVER KERN COUNTY OFFICE OF EDUCATION 08/17/2010 to 08/17/2011 Code Section(s) Waived Subject(s) Professional Preparation Program for a Specialist N/A 44265 Credential in Special Education, Reading, etc. 79 Applicant Name: TASBY, TERRY LYNNE Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL Valid Status **Employing Agency GRANTED** FIRST TIME WAIVER 09/01/2010 to 09/01/2011 LOS ANGELES UNIFIED SCHOOL DISTRICT Code Section(s) Waived Early Childhood Special Education Professional Preparation Program for a Specialist 44265 Credential in Special Education, Reading, etc. 80 Applicant Name: TAYAG, AMIHAN Credential Goal: SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL Status **Employing Agency GRANTED** SUBSEQUENT WAIVER WHITTIER UNION HIGH SCHOOL DISTRICT 08/01/2010 to 07/30/2011 Subject(s) Code Section(s) Waived Language, Speech and Hearing 44265.3 Program for Speech-Language Pathology Services Credential 81 Applicant Name: TICHO, AIMEE LYNN Credential Goal: EDUCATION SPECIALIST INSTRUCTION CREDENTIAL Valid Status **Employing Agency**

44265 Professional Preparation Program for a Specialist Credential in Special Education, Reading, etc.

Code Section(s) Waived

LOS ANGELES UNIFIED SCHOOL DISTRICT



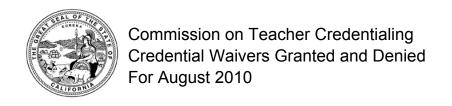
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| 82 | Applicant Name: | TOVAR, JEN | NELLE LYNAY | | | |
|-------------------|---------------------|------------------|---|-------------------|--|--------------------------|
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | RIVERSIDE COUNT | Y OFFICE OF ED | UCATION | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| | e, Speech and Hear | ing | | 44265.3 | Program for Speech-Language | Pathology Services |
| | • | | | | Credential | . |
| 83 | Applicant Name: | TWFR. CAN | IYON TURRING | | | |
| | | | TE OF COMPLETIO | N OF STAFF DE | EVELOPMENT | |
| Status | Tuno | | Employing Agency | | | Valid |
| GRANTED | Type SUBSEQUENT | WAIVER | SACRAMENTO COL | LINTY OFFICE OF | FDUCATION | 07/01/2010 to 06/30/2011 |
| Ohia.a4/a) | | | 0,1011111111111111111111111111111111111 | | | |
| Subject(s) N/A | | | | Code Section(s) V | Walved Certificate or Credential to Provi | ido Instruction to |
| IN/A | | | | 44200.0 | Limited English Proficient (LEP) | |
| • | | T) // ED !!! . O | NIANOV E | | Zimited Zingilem Femeleni (ZZin) | - Ctadefile |
| 84 | Applicant Name: | | HANCY E. PHYSICAL EDUCAT | ION CDECIALIO | T ODEDENITIAL | |
| | Credential Goal: | ADAPTED P | THISICAL EDUCAT | ION SPECIALIS | I CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | SWEETWATER UN | ION HIGH SCHOO | DL DISTRICT | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | | |
| N/A | | | | 80046.1 | Professional Preparation Progra | am for an Adapted |
| | | | | | Physical Education Credential | |
| 85 | Applicant Name: | VAN HORN, | DEBORAH ROBER | RTSON | | |
| | Credential Goal: | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | JAMUL-DULZURA U | JNION ELEMENTA | ARY SCHOOL DISTRICT | 07/01/2010 to 06/14/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Language | e, Speech and Hear | ing | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | | | | Credential | |
| 86 | Applicant Name: | VILLAGOME | EZ. ANGELA | | | |
| | | | N SPECIALIST INST | TRUCTION CREE | DENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | | WAIVER | LOS ANGELES UNI | FIED SCHOOL DIS | STRICT | 07/01/2010 to 07/01/2011 |
| Cubicot(c) | | | | | | |
| Subject(s) | dhood Special Educ | cation | | Code Section(s) V | Professional Preparation Progra | am for a Specialist |
| Larry Orm | dilood Special Educ | Cation | | 44203 | Credential in Special Education, | • |
| 0.7 | Annline: t No. | VINDIOLA | IONNII IEANI | | | , |
| 87 | Applicant Name: | | JONNI JEAN ANGUAGE PATHOL | | CDEDENTIAL | |
| | Credential Goal: | SFEEUT-LA | | OGT SERVICES | OCKEDENTIAL | |
| Status | Туре | : \A/A!\/ED | Employing Agency | ADV 0011001 5:5: | TDIOT | Valid |
| GRANTED | SUBSEQUENT | WAIVER | VICTOR ELEMENTA | ARY SCHOOL DIS | TRICT | 08/31/2010 to 06/27/2011 |
| | | | | | | |

Code Section(s) Waived

Credential

44265.3



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| 88 | Applicant Name: | | | | | |
|------------|--------------------|-------------|----------------------------------|-------------------------|---|--------------------------|
| | | SPEECH-LA | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME WA | AIVER | SANTA ANA UNIFIE | ED SCHOOL DISTI | RICT | 06/21/2010 to 06/21/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| Language, | Speech and Heari | ng | | 44252(b) | CBEST for a Credential or Perr | nit |
| 0 0 | • | J | | 44265.3 | Program for Speech-Language | Pathology Services |
| | | | | | Credential | 3, |
| 89 | Applicant Name: | VUJIC, SASI | HA | | | |
| | | | HYSICAL EDUCAT | TION SPECIALIS | T CREDENTIAL | |
| Status | Typo | | Employing Agonov | | | Valid |
| GRANTED | Type SUBSEQUENT | WAIVER | Employing Agency LOS ANGELES UNI | IEIED SCHOOL DI | STRICT | 07/01/2010 to 07/01/2011 |
| | OODOLQOLIVI | VVAIVEIX | LOS ANGLLES ON | | | 07/01/2010 to 07/01/2011 |
| Subject(s) | | | | Code Section(s) | | |
| N/A | | | | 80046.1 | Professional Preparation Progr Physical Education Credential | am for an Adapted |
| 90 | Applicant Name: | WARD BRIT | TTONI N | | - | |
| 30 | | | BSTITUTE TEACHI | NG PERMIT | | |
| | Orederma Joan. | 00 D/(1 00E | | 140 I LIKWIII | | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | FIRST TIME W | AIVER | FIREBAUGH-LAS D | ELTAS UNIFIED S | SCHOOL DISTRICT | 04/09/2010 to 04/08/2011 |
| Subject(s) | | | | Code Section(s) | Waived | |
| N/A | | | | 44252(b) | CBEST for a Credential or Perr | nit |
| 91 | Applicant Name: | WARFFUEL. | , MICHAEL EDMUN | ND | | |
| | | | NGUAGE PATHOL | | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | SANTA MARIA-BON | NITA SCHOOL DIS | TRICT | 09/01/2010 to 10/01/2011 |
| Cubicat(a) | | | | Cada Sastian(a) | Maired | |
| Subject(s) | Speech and Heari | na | | Code Section(s) 44265.3 | Program for Speech-Language | Pathology Sonicos |
| Language, | Speech and near | ng | | 44205.5 | Credential | Falliology Services |
| 92 | Applicant Name: | WHITE, LINE | DA SUSAN | | | |
| | | | TE OF COMPLETIC | N OF STAFF DE | EVELOPMENT | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | SACRAMENTO CO | UNTY OFFICE OF | EDUCATION | 07/01/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | | |
| N/A | | | | 44253.3 | Certificate or Credential to Prov | vide Instruction to |
| IN/A | | | | 44200.0 | Limited English Proficient (LEP | |
| 93 | Applicant Name: | WILLIAMS, S | STEPHANIE | | | |
| | • • | | NGUAGE PATHOL | OGY SERVICES | CREDENTIAL | |
| Status | Туре | | Employing Agency | | | Valid |
| GRANTED | SUBSEQUENT | WAIVER | LAWNDALE ELEME | NTARY SCHOOL | DISTRICT | 06/30/2010 to 06/30/2011 |
| Subject(s) | | | | Code Section(s) | | |
| | Speech and Heari | na | | 44265.3 | Program for Speech-Language | Pathology Services |
| Language, | opecon and mean | ı ıy | | 1 7200.0 | Credential | i autology oct viocs |

Total Waivers Granted: 96 **Total Waivers Denied:** 0

For August 2010